

MONTANA

1. Transportation services, necessary for securing covered Medicaid services, are available to the Medically Needy when:
 - a. The recipient has no way of securing transportation for necessary medical care himself.
 - b. The mode of transportation to be used is the least expensive available which is suitable to the recipient's medical needs.
 - c. The transportation has been authorized by the Department or its designee prior to payment.
2. Ambulance services will be covered only when a recipient's medical condition requires immediate attention and when a less expensive means of transportation will endanger the patient's health.
3. Out-of-State travel will be authorized by the Department or its designee and is available only when medical care cannot be reasonably secured within the state.
4. In addition to transportation services, per diem is available to Medicaid recipients for purposes of obtaining medical care. Per diem is limited to meals and lodging.
5. The cost of an attendant's transportation and per diem will be authorized by the Department or its designee prior to payment when it has been demonstrated that the recipient's health condition or age requires the care of an attendant.
6. Transportation services are available to Medicaid recipients who have a handicap or physical limitation to the same extent they are available to other recipients.
7. Specialized medical transportation for the physically handicapped Medicaid recipient to secure covered Medical services will be authorized by the Department or its designee when the usual modes of transportation are inappropriate to the recipient's physical and health needs.
8. Transportation services are available to persons eligible for the Early Periodic Screening, Diagnosis and Treatment program to the same extent they are available to other Medicaid recipients.

Supplement to
Attachment 3.1B

Service ~~20d~~ 23d
Skilled Nursing
Facility Services for
Patients Under 21
Years of Age

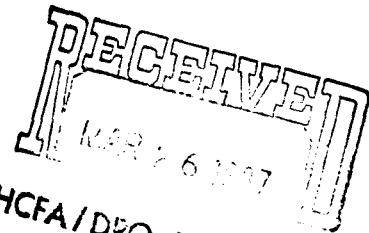
MONTANA

The following limitations apply to Skilled Nursing Facility Services for Patients Under 21 Years of Age:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.



TN #87-10-06

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Effective: 7/1/87

Supersedes TN # 85-10-12

SPLAN/mm-42

Supplement to
Attachment 3.1B

Service ~~20~~ 23
Emergency Hospital
Services

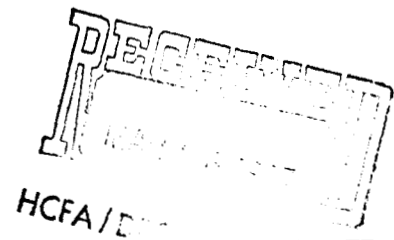
MONTANA

The following limitations apply to Emergency Hospital Services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.



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SPLAN/mm-43

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The following limitations apply to Personal Care Services in a Recipient's home:

1. Personal care services are limited to 160 units (40 hours) of attendant services per week per recipient. Services exceeding this limit must be prior authorized by the Department.
2. Household tasks are provided only in conjunction with direct personal care services. Household tasks may not exceed one-third of the total personal care hours authorized.
3. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in # 1 and # 2 above, will be evaluated by the Department's designated medical review organization.

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